

**UNITED STATES DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
Standing General Order 2021-01
Appendix C - Incident Report**

REPORT TYPE	REPORTING MONTH & YEAR (monthly reports only)
REPORT ID REPORT ID is created when document is saved. Use Adobe Acrobat with Javascript enabled.	

Reporting Entity Information

REPORTING ENTITY

FIRST NAME	LAST NAME	POSITION TITLE	PHONE	EMAIL
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Subject Vehicle Information

VIN or SN	<input type="checkbox"/> MAKE	MODEL	<input type="checkbox"/> MODEL YEAR
MILEAGE	<input type="checkbox"/> DRIVER / OPERATOR TYPE	ADAS / ADS VERSION	<input type="checkbox"/> OPERATING ENTITY
<input type="checkbox"/> CBI			

Incident Information

SOURCE <input type="checkbox"/> Complaint / Claim <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other: <input type="checkbox"/> Telematics <input type="checkbox"/> Testing <input type="checkbox"/> Field Report <input type="checkbox"/> Media		INCIDENT DATE	<input type="checkbox"/> INCIDENT TIME
NOTICE RECEIVED DATE		IDENTIFIER	<small>If multiple incident notices were received on the same date, enter a number to uniquely identify each incident. If this is a report update, the identifier must match the original report.</small>

Incident Scene

LATITUDE (decimal)	<input type="checkbox"/> LONGITUDE (decimal)	<input type="checkbox"/> LOCATION ADDRESS / DESCRIPTION	<input type="checkbox"/> CITY	<input type="checkbox"/> STATE	ZIP
ROADWAY TYPE	SURFACE CONDITION	ROADWAY DESCRIPTION	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog / Smoke <input type="checkbox"/> Other: <input type="checkbox"/> Rain <input type="checkbox"/> Severe Wind		
SPEED LIMIT (mph)	<input type="checkbox"/> LIGHTING				

Crash Description

CRASH WITH	HIGHEST INJURY SEVERITY	PROPERTY DAMAGE?	
SUBJECT VEHICLE			
GENERAL DAMAGE / CONTACT AREA	PRE-CRASH MOVEMENT	PRE-CRASH MOVEMENT	GENERAL DAMAGE / CONTACT AREA
	ANY AIR BAGS DEPLOYED?	ANY AIR BAGS DEPLOYED?	
<input type="checkbox"/> UNK	WERE ALL PASSENGERS BELTED?	WERE ALL PASSENGERS BELTED?	<input type="checkbox"/> UNK
PRE-CRASH SPEED (mph)			

Post-Crash Information

DATA AVAILABILITY <input type="checkbox"/> EDR <input type="checkbox"/> Telematics <input type="checkbox"/> Video <input type="checkbox"/> Police Report <input type="checkbox"/> Complaints <input type="checkbox"/> Other <input type="checkbox"/> No Data <input type="checkbox"/> Unknown	LAW ENFORCEMENT INVESTIGATING?	INVESTIGATING AGENCY	REPORTING ENTITY OR MANUFACTURER INVESTIGATING?
	INVESTIGATOR NAME	INVESTIGATOR PHONE	INVESTIGATOR EMAIL
	WAS VEHICLE WITHIN ITS ODD AT THE TIME OF THE INCIDENT?		<input type="checkbox"/> CBI

Narrative

Provide a written description of the pre-crash, crash, and post-crash details. Include explanations for any responses indicating *see Narrative*, list all ADAS or ADS features engaged prior to the incident, describe any ADAS or ADS feature disengagements leading up to the incident, and provide any other available information. Indicate if this is an update to a previously submitted report and provide the previous report's REPORT ID. If you selected Media as a source in the Incident Information section, provide the URL or reference. CBI